

# EXHIBIT A-3

Attachment 3 to D. Persinger Declaration



**Massage & Bodywork Licensing Examination Application Form**  
**(Save time and paper – apply online at [www.fsmtb.org](http://www.fsmtb.org))**

\*Denotes a required field.

<b>APPLICANT INFORMATION</b>						
*NAME	FIRST		M.I.	LAST		
PREVIOUS/MAIDEN NAME				*SS #		
*DATE OF BIRTH	MM	DD	YYYY	GENDER	<input type="checkbox"/> M	<input type="checkbox"/> F
*MAILING ADDRESS	STREET				APT. #	
CITY			STATE	ZIP		
EMAIL ADDRESS						
*PRIMARY PHONE			SECONDARY PHONE			
<b>EDUCATION</b>						
*NAME OF MASSAGE SCHOOL ATTENDING OR GRADUATED FROM (Write in full name, no acronyms please)						
*LOCATION OF MASSAGE SCHOOL ATTENDING OR GRADUATED FROM		CITY			STATE	
<b>EXAM LANGUAGE</b>						
*I WANT TO TAKE THE MBLEx IN (Choose ONE language)		<input type="checkbox"/> ENGLISH		<input type="checkbox"/> SPANISH		
<b>TESTING ACCOMMODATIONS</b>						
*DO YOU REQUIRE TESTING ACCOMMODATIONS?		<input type="checkbox"/> YES Please complete and submit the ADA Accommodations Request Form.			<input type="checkbox"/> NO	
<b>LICENSURE</b>						
LIST <u>ONE</u> STATE TO WHICH YOU WOULD YOU LIKE YOUR EXAM RESULTS SENT						
<b>FEES</b>						
<p>TOTAL PAYMENT DUE \$195.</p> <p>Please provide payment information on the next page. Payment information will be destroyed after processing.</p>						
<b>STATEMENT OF ACKNOWLEDGEMENT</b>						
<p>I hereby certify that the information I provided on this application and in any supporting documents is accurate, true, and correct to the best of my knowledge and belief. I acknowledge and agree to abide by and with the policies and procedures promulgated by FSMTB, including all policies regarding examination irregularities, cheating, and cancellation of scores. I acknowledge that I have reviewed the Examination Content Outline and that I have education and training in the content subject areas. I acknowledge and agree that I am prohibited from transmitting information about FSMTB examination questions or content in any form to any person or entity and that my failure to comply with this prohibition, or my failure to report any information about suspected violations of such prohibitions or otherwise about any possible cheating by myself or others may result in my scores being cancelled in accordance with FSMTB policies and procedures and/or legal action, up to and including criminal prosecution. I acknowledge that the fee is non-refundable and non-transferable.</p>						
*SIGNATURE				*DATE		

Send this application form and supporting materials to:  
 FSMTB  
 P.O. Box 198748, Nashville, TN 37219 (U.S. Postal Service)  
 150 Fourth Avenue North, Suite 800, Nashville, TN 37219 (for courier delivery)



## FSMTB Massage & Bodywork Licensing Examination Payment Information and Application Form Instructions

### FEES

(Make payable to FSMTB. Standard personal checks are not accepted. All fees payable in US\$ dollars.)

Amount Enclosed/Please charge: \_\_\_\_\_ application(s) @ \$195 each = \$ \_\_\_\_\_

PAYMENT TYPE:  Certified Check/Money Order  School/Institution Check  Visa  MasterCard

CREDIT CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME ON CREDIT CARD \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THE MBLEx APPLICATION FORM

**All information must be typed or printed. Illegible applications will not be processed.**

#### Personal Information

- Indicate first name, middle initial, and last name (family/surname). Note that the identification that you present at the test site must bear the same name that appears on your application.
- Indicate other names you are or have been known by.
- Indicate your Social Security number.
- Indicate your date of birth (month, day, year).
- Indicate your gender.

#### Official Mailing Address/Contact Information

- Indicate your mailing address and daytime phone numbers at which you can be reached.
- Indicate your Email address. FSMTB will use this Email address to notify you when you are approved to register for the licensing examination so that you may promptly schedule your test date and time.
- To ensure prompt and accurate correspondence, it is important that you notify FSMTB immediately if any of your contact information changes. Contact us at [www.fsmtb.org](http://www.fsmtb.org).

#### Education

- In signing the application, you are required to verify that you have read the Examination Content Outline and that you have education and training in the content subject areas.
- Indicate your school name in full (do not use acronyms).
- Indicate the location of the school you attended.

#### Exam Language

- Please indicate whether you wish to take the MBLEx in English OR in Spanish.
- If you pass the MBLEx in English, you will not be permitted to take the MBLEx in Spanish.

#### Special Accommodations

- If you require special accommodations, please complete the Special Accommodations Request Form and furnish the additional required information with this application.

#### Licensure Information

- You may select ONE State to which you may have your exam results sent, free of charge.
- If you wish to have your exam results sent to additional destinations, please use the MBLEx Mobility Form at [www.fsmtb.org](http://www.fsmtb.org).

#### Fees

- Total payment of \$195 is due with application.
- Payment information above will be destroyed after processing.
- You must first receive notification from FSMTB via email that you are approved to test before you will be allowed to schedule an exam.

#### Statement of Acknowledgement

- Review the statement of acknowledgement. Sign and date the application form.

**Submit the completed application form and fee to:**

FSMTB

P.O. Box 198748, Nashville, TN 37219 (U.S. Postal Service)  
150 Fourth Avenue North, Suite 800, Nashville, TN 37219 (for courier delivery)

**Questions? Call 1.866.9.MB.EXAM (1.866.962.3926) or Email [mblex@fsmtb.org](mailto:mblex@fsmtb.org)**



## Massage & Bodywork Licensing Examination (MBLEx) Application Form

(Save time and paper – apply online at [www.fsmtb.org](http://www.fsmtb.org))

\* Denotes a required field

### APPLICANT INFORMATION

NAME	*FIRST		M.I.	*LAST	
ALSO KNOWN AS				*SS #	
*DATE OF BIRTH	MM	DD	YYYY	GENDER	<input type="checkbox"/> M <input type="checkbox"/> F
*MAILING ADDRESS	NUMBER & STREET				APT. #
CITY			STATE	ZIP	
*EMAIL ADDRESS					
SECONDARY EMAIL ADDRESS					
*PRIMARY PHONE			SECONDARY PHONE		
<b>EDUCATION</b>					
*NAME OF MASSAGE SCHOOL ATTENDING OR GRADUATED FROM (Write in full name, no acronyms please)					
*LOCATION OF MASSAGE SCHOOL ATTENDING OR GRADUATED FROM		CITY		STATE	
<b>EXAM LANGUAGE</b>					
*I WANT TO TAKE THE MBLEx IN (Choose ONE language)		<input type="checkbox"/> ENGLISH		<input type="checkbox"/> SPANISH	
<b>TESTING ACCOMMODATIONS</b>					
*DO YOU REQUIRE TESTING ACCOMMODATIONS?		<input type="checkbox"/> YES Please complete and submit the ADA Accommodations Request Form.			<input type="checkbox"/> NO
If YES, briefly describe the accommodations requested.					
<b>LICENSURE</b>					
*LIST ONE STATE TO WHICH YOU WOULD YOU LIKE YOUR EXAM RESULT SENT					
<b>FEES</b>					
TOTAL PAYMENT DUE: \$195. Please provide payment information on the next page.					
<b>STATEMENT OF ACKNOWLEDGEMENT</b>					
<p>I hereby certify that the information I provided on this application and in any supporting documents is accurate and true. I acknowledge that I have reviewed the <u>Examination Content Outline</u> and that I have education and training in the exam content subject areas. I acknowledge and agree to abide by and with the policies and procedures in the MBLEx Candidate Handbook promulgated by FSMTB, including all policies regarding examination irregularities, cheating, and cancellation of scores. I understand and agree that I am prohibited from transmitting information about FSMTB examination questions or content in any form to any person or entity. My failure to comply with this prohibition, or my failure to report any information about suspected violations of such prohibitions, or otherwise, about any possible cheating by myself or others may result in my scores being cancelled in accordance with FSMTB policies and procedures and/or legal action, up to and including criminal prosecution. I acknowledge that the fee is non-refundable and non-transferable.</p>					
*SIGNATURE				*DATE	

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**Massage & Bodywork Licensing Examination (MBLEX) Application Form  
Payment Information and Application Form Instructions**

**FEES**

Make payment payable to FSMTB. Standard personal checks are not accepted. All fees payable in US\$ dollars

Amount Enclosed/Please charge: \_\_\_\_\_ application(s) @ \$195 each = \$ \_\_\_\_\_

PAYMENT TYPE:  Certified Check/Money Order  School/Institution Check  Visa  MasterCard

CREDIT CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_

NAME ON CREDIT CARD \_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

**Note: The charge will show on your card statement as FSMTB Exam Services. By providing your card information and signing this form, you understand and agree that all fees paid are non-refundable and non-transferable.**

**INSTRUCTIONS FOR COMPLETING THE MBLEX APPLICATION FORM**

All information must be typed or printed. Illegible applications will not be processed.

**Personal Information**

- Indicate first name, middle initial, and last name (family/surname). Note that the identification that you present at the test site must bear the same name that appears on your application.
- Indicate any other name(s) you are or have been known by.
- Indicate your Social Security number.
- Indicate your date of birth (month, day, year).

**Official Mailing Address/Contact Information**

- Indicate your mailing address and daytime phone number(s) at which you can be reached.
- Indicate your email address. FSMTB will use this email address to notify you when you are approved to register for the licensing examination so that you may promptly schedule your test date and time.
- To ensure prompt and accurate correspondence, it is important that you notify FSMTB immediately if any of your contact information changes. Contact us at [mblex@fsmtb.org](mailto:mblex@fsmtb.org).

**Education**

- In signing the application, you are required to verify that you have read the Examination Content Outline and that you have education and training in the content subject areas.
- Indicate your school name in full (do not use acronyms).
- Indicate the location of the school you attended.

**Exam Language**

- Indicate whether you wish to take the MBLEX in English *OR* in Spanish.
- If you pass the MBLEX in one of the two permitted languages, you will not be permitted to take the MBLEX in the other permitted language.

**Testing Accommodations**

- If you require testing accommodations, please complete the Testing Accommodations Request Form and furnish the additional required information with this application.

**Licensure Information**

- You may select ONE State to which you may have your exam result sent, free of charge.
- If you wish to have your exam result sent to additional destinations, please use the MBLEX Result Transfer Form at [www.fsmtb.org](http://www.fsmtb.org).

**Fees**

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APPLICANT INFORMATION					
NAME	*FIRST		M.I.	*LAST	
ALSO KNOWN AS				*SS #	
*DATE OF BIRTH	MM	DD	YYYY	GENDER	<input type="checkbox"/> F <input type="checkbox"/> M <input checked="" type="checkbox"/> X
*MAILING ADDRESS	NUMBER & STREET				APT #
CITY		STATE	ZIP		
*EMAIL ADDRESS					
SECONDARY EMAIL ADDRESS					
*PRIMARY PHONE			SECONDARY PHONE		
<b>EDUCATION</b> FSMTB requires all MBLEx applicants to request and ensure their massage therapy education program submits educational records directly to FSMTB. MBLEx applications are not complete for processing until educational records are received.					
*NAME OF STATE APPROVED MASSAGE SCHOOL ATTENDING OR GRADUATED FROM (Write in full name, no acronyms please)					
*LOCATION OF STATE APPROVED MASSAGE SCHOOL ATTENDING OR GRADUATED FROM	CITY			STATE	
<b>EXAM LANGUAGE</b>					
*I WANT TO TAKE THE MBLEx IN (Choose ONE language)	ENGLISH			SPANISH	
<b>TESTING ACCOMMODATIONS</b>					
*ARE YOU REQUESTING TESTING ACCOMMODATIONS?	<input type="checkbox"/> YES Please complete and submit the ADA Accommodations Request Form.				<input type="checkbox"/> NO
If YES, briefly describe the accommodations requested.					
<b>LICENSURE</b>					
*LIST ONE STATE TO WHICH YOU WOULD LIKE YOUR EXAM RESULT SENT					
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*SIGNATURE				*DATE	

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FSMTB | P.O. Box 198748, Nashville, TN 37219 (USPS) | 25 Century Boulevard, Suite 505, Nashville, TN 37214 (courier delivery)



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NAME ON CREDIT CARD \_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

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